


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07420**  
 1. Entity Name  
**TAMIAMI YOUTH BASEBALL ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 65-1751**  
**MIAMI, FL 33165 US**

Mailing Address  
**POST OFFICE BOX 65-1751**  
**MIAMI, FL 33165 US**



01272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2500682</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ESTRADA, RAUL**  
**11525 SW 33 TERRACE**  
**MIAMI, FL 33165**

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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000215449  
 02/05/05-80008-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTRADA, RAUL 11525 SW 33 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSADA, ANGEL 67 N.W. 75 AVENUE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCEDES, CASALS 948 NW 128 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUENO, RAMON 10235 S.W. 26 TERR. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALFREDO, LLAGUNO 10800 S.W. 32 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **1/3/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #